Foster Family Home - Corrective Action Report

Provider ID:

1-150026

Home Name:

Lillian Joaquin, LPN

Review ID:

1-150026-6

94-1078 Hoomakoa Street

Reviewer:

Maribel Nakamine

Waipahu

HI 96797

Begin Date:

10/21/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person recertification made on 10/21/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/21/19.

6.(d)(1)- see applicable sections of the review.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- No current First Aid training for CG#2.

Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancy noted for Client #2 and Client #3. Medication Administration Record, prescription label and doctor's order do not match.

Makamine, Ru

Compliance Manager

Primary Care Giver

Date

11/18/19

Date

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: Lilian Joaquin CCFFH Address: 94-1078 Howmakoa Street, Waipahu, HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|----------------|---|-------------------|--|
| | I obtained a current First Aid training for CG # 2 and placed in home binder. | 10/22/19 | Home will use a calen- dar en iphone to input all due dates to prevent any future dapses. |
| | Medication discrepancy was corrected by client and Control and Control and Control and Chients Medication Administration Record | | CG #1 will look at all medication orders, boths and MAR to enaure all match before giving any new medication. Home will notify CMA, Pharmacy and for Doctor if they are different. |

| Primary Caregiver's Signature: _ | Nosory | Merc | |
|----------------------------------|---------|----------------------|----------|
| Print Name: LILIAN | JOAQUIN | Date of Signature: _ | 10/31/19 |